

City of Milwaukee Department of Neighborhood Services

Home Occupation Statement Owner's Consent Form

Property Address:	
Unit Number:	
Tenant's Name:	
Tenant's Phone Number:	
Type of Home Occupation:	
As owner of the above property, I acknowledge that I am home occupation at the above property and hereby grant understanding that the tenant has applied for a Home Occilicenses prior to conducting business at said address and Milwaukee building and zoning requirements.	t my consent to the proposed use. It is my ccupation Statement and will obtain any required
Owner's Name:	
Owner's Address:	
Owner's Phone Number:	
Owner's Signature:	Date:
Form must be notarized below.	
State of	
County of	
Signed or attested before me on//	
Signature of notarial Officer (Seal, if any) My commission Expires//	

Send completed and notarized form to: City of Milwaukee, Department of Neighborhood Services Attentiion: Diane Koester 841 N. Broadway RM 105 Milwaukee, WI 53202